

ATTACHMENT C

**BRYCE CANYON NATIONAL PARK
COMMERCIAL USE AUTHORIZATION
TRIP ITINERARY**

Business Name: _____

Commercial Use Authorization Number (if known): _____

Dates of entire tour: _____

Date of arrival in Bryce Canyon National Park: _____

Date of departure from Bryce Canyon National Park: _____

Camping in Bryce Canyon National Park? _____ Yes _____ No

Number of tour participants (including employees): _____

Charge per person: _____

Names of Trip Leaders:

Trip leaders' first-aid qualifications - please send prior to first trip, PLEASE DO NOT FAX...

Attach a list of Vehicle(s) and License Plate number (s)

In case of emergency, contact:

Name: _____

Telephone: Office - _____ Home - _____

Name: _____

Telephone: Office - _____ Home - _____

Signature and Title

Date